

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
Quality Assurance Division  
**PROGRAM DOCUMENTATION GUIDE**  
**Child Care Agency**

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I.	Documentation Received	Compliance		
		Yes	No	
A.	Articles of Incorporation ( <b>35-2-212 MCA, ARM 37.97.130</b> ).....		<input type="checkbox"/>	<input type="checkbox"/>
B.	By-Laws ( <b>35-2-217MCA, ARM 37.97.130</b> ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Policy for:			
1.	Personnel ( <b>ARM 37.97.206, 37.97.132</b> ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DFS-033's for each staff member (annually).....		<input type="checkbox"/>	<input type="checkbox"/>
	Staff training records (annually).....		<input type="checkbox"/>	<input type="checkbox"/>
	Minimum qualifications for staff. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Procedures for screening applicants.....		<input type="checkbox"/>	<input type="checkbox"/>
2.	Admission/Discharge ( <b>ARM 37.97.201</b> ).....		<input type="checkbox"/>	<input type="checkbox"/>
3.	Program Management ( <b>ARM 37.97.233</b> ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Program statement and description of services.....		<input type="checkbox"/>	<input type="checkbox"/>
	Decision making, supervision of staff and consultation.....		<input type="checkbox"/>	<input type="checkbox"/>
	Program strategies and procedure.....		<input type="checkbox"/>	<input type="checkbox"/>
	Case review.....		<input type="checkbox"/>	<input type="checkbox"/>
	Support services procedure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Children's grievance procedure.....		<input type="checkbox"/>	<input type="checkbox"/>
	Transportation procedures.....		<input type="checkbox"/>	<input type="checkbox"/>
4.	Financial records ( <b>ARM 37.97.213</b> ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Separate records for resident's money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Current audit report by independent auditor (annually).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Discipline ( <b>ARM 37.97.270 and 37.97.506(7)</b> ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Treatment program ( <b>ARM 37.97.230</b> ).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The name, position, and qualification of the person who has overall responsibility for the treatment program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Identification of staff responsible for planning and implementing the various treatment procedures and techniques.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of staff competencies and qualifications.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of staff training required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of the various treatment procedures and techniques used.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The anticipated levels of disturbance for which such procedures and techniques are to be used.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provisions for follow-up and after care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provisions for transfer to another treatment resource when goals for treatment of a particular child have not been met or further treatment is required.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Description of procedures used for assessing the appropriateness of the treatment strategy for each particular child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Provisions for on-going monitoring and recording.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Procedures for regular review of the overall treatment program and the individualized treatment strategies.....		<input type="checkbox"/>	<input type="checkbox"/>
	Adequate provision for periodic and regular review of each child's treatment plan....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Utilization of available community resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- |   | Yes | No  |
|---|-----|-----|
| 7. Supervision of Medication ( <b>ARM 37.97.220</b> )                     |     |     |
| Procedure for documenting medication, medication errors, reactions.....   | [ ] | [ ] |
| Procedure for notification of physicians if errors or reactions.....      | [ ] | [ ] |
| 8. Time-out, if used ( <b>ARM 37.97.225</b> )                             |     |     |
| Procedure for using time-out and other less-restrictive alternatives..... | [ ] | [ ] |

**Complete** documentation of the above is required of all **new** applicants. Applicants for renewal may submit only those changes that have been made since their last licensure.

## II. Documentation Verified

*The provider has documentation of file of the following as viewed by the licensing specialist:*

- |   |     |     |
|---|-----|-----|
| A. Staff Training (Names of trainer(s) / participants and date(s) of training)  |     |     |
| 1. Staff instructed upon arrival on evacuation in case of fire ( <b>ARM 37.97.270 and 37.97.519(6)</b> )  | [ ] | [ ] |
| 2. Staff trained on proper use of fire extinguisher ( <b>ARM 37.97.270 and 37.97.519(5)</b> ).....  | [ ] | [ ] |
| 3. On client abuse and neglect reporting statute and responsibilities of staff under the law (staff informed by provider within 24 hours of employment) ( <b>ARM 37.97.130(4)</b> ) | [ ] | [ ] |
| 4. Fifteen hours of in-service training annually for each child care staff member ( <b>ARM 37.97.206(5)</b> ).....  | [ ] | [ ] |
| 5. If passive physical restraint is used, verification of initial and annual training of staff ( <b>ARM 37.97.206(3)(b)</b> ).....  | [ ] | [ ] |
| B. Nutrition  |     |     |
| 1. Copies of menus <b><u>as served</u></b> for past month ( <b>ARM 37.97.270--37.97.502(b)(iii)</b> ).....  | [ ] | [ ] |
| 2. Physicians orders for special diets ( <b>37.97.270--37.97.502(b)(ii)</b> ).....  | [ ] | [ ] |
| C. Safety ( <b>ARM 37.97.270 and 37.97.519(4)(a)(b)</b> )   |     |     |
| 1. Date and signature of person checking:   |     |     |
| -batteries in the smoke detectors (monthly).....  | [ ] | [ ] |
| -fire extinguisher(s) (quarterly).....  | [ ] | [ ] |

*The following information must be on file for each resident regardless of funding or referral source. Records pertaining to individual children or youth not placed by or in the custody of the department shall be available to the department for licensing purposes. Records are not to be removed from the premises for purposes of completing relicensing study.*

- |   |     |     |
|---|-----|-----|
| D. Residents Records Verified ( <b>ARM 37.97.216</b> )  |     |     |
| Ask to see three or four of the present and former resident's case records and see the following:   |     |     |
| 1. Identifying information on the child and his family, including the child's name, date, and place of birth, sex, religion, race, names of relatives, and other necessary information..... | [ ] | [ ] |
| 2. Date of child's admission and name of the referring party.....   | [ ] | [ ] |
| 3. Date of child's discharge and authorization for the discharge.....   | [ ] | [ ] |
| 4. Documentation concerning a child's specific medical problems.....  | [ ] | [ ] |
| 5. A dated record of significant occurrences for each child while in care.....  | [ ] | [ ] |
| Additional records to be kept by all child care agencies include:   |     |     |
| 6. A copy of the court order, parental agreement, consent decree, or consent adjustment authorizing the child's placement and any other pertinent court action concerning the child.....    | [ ] | [ ] |

**Compliance**  
**Yes No**

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7. A report stating the reasons for placement and the current case plan..... [ ] [ ]
8. A social study on the child and his/her family..... [ ] [ ]
9. Psychological or psychiatric information on the child if psychological or psychiatric services have been provided to the child at any time..... [ ] [ ]
10. Quarterly progress reports on the child's reaction to the placement and services provided..... [ ] [ ]
11. Quarterly reports from any parties providing any services to the child outside the child care agency..... [ ] [ ]
12. A copy of the most recent physical examination of the child must be kept by all child care agencies, except maternity homes..... [ ] [ ]
13. Each child care agency must keep an accurate monthly record showing the number of children in care, the number admitted and discharged, the children's ages and sex, and the current average length of stay..... [ ] [ ]
14. When medication is used, documentation includes: **(ARM 37.97.220)**
- Notation regarding medication authorized..... [ ] [ ]
- Name of authorizing physician..... [ ] [ ]
- Purpose of medication..... [ ] [ ]
- Dosage..... [ ] [ ]
- Provisions for review of appropriateness of medication..... [ ] [ ]
- Copy of the child's medication schedule..... [ ] [ ]
15. Case Plans **(ARM 37.97.202)**
- Each child care agency, must develop a case plan for each child in care. The plan shall:
- (1) include the child's specific needs and the manner in which these needs will be met..... [ ] [ ]
- (2) include the service goals with corresponding time frames, placement goals, and follow-up services..... [ ] [ ]
- (3) be developed within 30 days after admission and be reviewed at least quarterly.. [ ] [ ]
- (4) involve the child care agency, the referring party, the child and his/her family and and each must have an understanding of the placement goals, mutual responsibilities, and privileges..... [ ] [ ]
- (5) individualized education program (IEP) for child in special education..... [ ] [ ]

**III. The following applies only to those child care agencies that operate a licensed residential treatment center.**

A. Documentation received, in addition to documentation required above for child care agency:

1. Seclusion, if used **(ARM 37.97.257)**
- a. Philosophy for use of seclusion..... [ ] [ ]
- b. Procedure for admission to seclusion..... [ ] [ ]
- c. Emergency procedures..... [ ] [ ]
- d. Child grievance procedure RE: use of seclusion..... [ ] [ ]
2. Mechanical restraint, if used **(ARM 37.97.258)(3)**
- a. Philosophy for use of seclusion..... [ ] [ ]
- b. Procedure for admission to seclusion..... [ ] [ ]
- c. Emergency evacuation procedures for special circumstances..... [ ] [ ]
- d. Method for children to express grievances regarding mechanical restraints..... [ ] [ ]

**Compliance**  
**Yes No**

3. Chemical restraint, if used **(ARM 37.97.259(3))**

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- |   |         |
|---|---------|
| a. Philosophy for use of chemical restraint.....                                | [ ] [ ] |
| b. Procedure for use of chemical restraint.....                                 | [ ] [ ] |
| c. Emergency evacuation procedures for special circumstances.....               | [ ] [ ] |
| d. Method for children to express grievances regarding chemical restraints..... | [ ] [ ] |
- B. Documentation verified, this documentation is required in addition to documentation verified earlier for child care agency-non RTC:
- |   |         |
|---|---------|
| 1. Staff training ( <b>ARM 37.97.250(6)(vi), 37.97.257(13), 37.97.259(4)</b> )  |         |
| Record of in-service training for staff conducted by psychologist.....  | [ ] [ ] |
| Record of training received by staff involved in intra-muscular injection for chemical restraint, if any.....   | [ ] [ ] |
| 2. Seclusion, if used ( <b>ARM 37.97.257</b> )  |         |
| A written report which states the child's name, date, time of placement, staff member initiating the placement, qualified mental health professional authorizing placement and narrative describing the following: the precipitating event, child's behavior before placement, and actions taken by staff of a less restrictive nature in an attempt to control calm, or contain the child..... | [ ] [ ] |
| A written notation of visual checks at least every ten (10) minutes and notation of behavior and time occurring.....  | [ ] [ ] |
| Notation regarding opportunity to use toilet facilities once per hour.....  | [ ] [ ] |
| Notations to when the child had opportunity to exercise.....  | [ ] [ ] |
| Notation as to medications administered, time given, and staff administering.....   | [ ] [ ] |
| Notation of all staff contact including a description of the resolution of the placement incident which results in the termination of seclusion.....  | [ ] [ ] |
| 3. Mechanical restraint, if used ( <b>ARM 37.97.258</b> ).....  | [ ] [ ] |
| 4. Chemical restraint, if used ( <b>ARM 37.97.259</b> ).....  | [ ] [ ] |
| Documentary evidence of attempt to notify placing agency and the child's parent(s) or guardian  |         |

**Licensing Specialist's Comments:**

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*Signature of Licensing Specialist*

*Date*